## BEST AVAILABLE COPY

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)  TAL CLAIMS  NUMBER FILED  NUMBER EXTRA  TAL CHARGEABLE CLAIMS  THE DEPENDENT CLAIM PRESENT  The difference in column 1 is less than zero, enter '0' in column 2. | SMALL ENTITY TYPE OR SMALL ENTITY  RATE FEE RATE FEE  BASIC FEE 375.00 OR BASIC FEE 750.00  X\$.9= OR X\$18= 126.00  X42= OR X84=  +140= OR +280= |
|---|---|
| NUMBER FILED NUMBER EXTRA  FAL CHARGEABLE CLAIMS. 94 minus 20=  EPÉNDENT CLAIMS 9 minus 3 =  TIPLE DEPENDENT CLAIM PRESENT  | BASIC FEE 375.00 OR BASIC FEE 750.00  X\$-9= OR X\$18= 126.00  X42= OR X84=  +140= OR +280=   |
| NUMBER FILED NUMBER EXTRA  FAL CHARGEABLE CLAIMS. 94 minus 20=  EPÉNDENT CLAIMS 9 minus 3 =  TIPLE DEPENDENT CLAIM PRESENT  | X\$-9= OR X\$18= 126.6<br>X42= OR X84=1<br>+140= OR +286=   |
| TIPLE DEPENDENT CLAIM PRESENT   | X42= OR X84= 700.00<br>+140= OR +280=   |
| TIPLE DEPENDENT CLAIM PRESENT   | X42= OR X84=1"<br>+140= OR +280=  |
|   | +140= OR +280=  |
| he difference in column 1 is less than zero, enter "O" in column 2  |   |
|   | TOTAL TOTAL IC TOTAL IC TOTAL   |
| CLAIMS AS AMENDED - PART II   | TOTAL OR TOTAL STAN   |
| (Column 1) (Column 2) (Column 3)  | SMALL ENTITY OR SMALL ENTITY  |
| CLAIMS. HIGHEST. PRESENT.   | RATE TIONAL RATE FIGNAL   |
| AFTER: PREVIOUSLY EXTRA   | FEE   |
| Total Minus 4 27  | X\$ 9± / OA X\$18± 40-  |
| Independent / Minus   | X42=  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  | +140= / OR +280=  |
| 17. 186   | ADDIT FEE TOTAL OR ADDIT FEE NY2-10   |
| (Column 2) (Column 3)   |   |
| CLAIMS HIGHEST PRESENT  | ADDI- ADDI- RATE TIONAL   |
| AFTER PREVIOUSLY EXTRA  | PATE TIONAL PATE TIONAL FEE   |
| total . 30 Minus . 37 = -   | X\$ 9= OR X\$18=  |
| Independent Minus   | X42= OR X84±  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  | +140= OR +280=  |
|   | TOTAL   |
| (Column 1) (Column 2) (Column 3)  | AUSILIZES AUDILIZES   |
| CLAIMS HIGHEST PRESENT  | ADDI-   |
| AFTER PREVIOUSLY EXTRA  AMENOMENT: PAID FOR   | RATE TIONAL RATE TIONAL FEE   |
|   | X\$ 9± OR X\$18=  |
| Independent • Minus •• • • • • • • • • • • • • • • • • •  |   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   | +140= OR +280=  |
| If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."                                       | O ADDIT FER ADDIT SEE   |

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